

# THE FROZEN FARMER

## Employment Application

9843 Seashore Highway  
 Bridgeville, DE 19933  
 302-337-8444

[www.TheFrozenFarmer.com](http://www.TheFrozenFarmer.com)

Once completed, please email application to [evansfarmsLLC@gmail.com](mailto:evansfarmsLLC@gmail.com) or bring it by The Frozen Farmer creamery during normal business hours. **\*\*If emailing the application back, in the subject line of the email please write "EMPLOYMENT APPLICATION"**

APPLICANT INFORMATION											
Last Name				First				M.I.		Age	
Circle one (or) both	Which side of the business are you applying for?						EVANS FARMS PRODUCE			THE FROZEN FARMER	
Street Address								Apartment/Unit #			
City				State				ZIP			
Home Phone				Cell Phone							
Date of Birth			Social Security No.								
Date Available			Email Address:								
Are you a citizen of the United States?		YES		NO		If no, are you authorized to work in the U.S.?				NO	
Have you ever worked for this company?		YES		NO		If so, when?					
Have you ever been convicted of a felony?		YES		NO		If yes, explain					
EDUCATION											
High School				Address							
From		To		Did you graduate?		YES		NO		Degree	
College				Address							
From		To		Did you graduate?		YES		NO		Degree	
Other				Address							
From		To		Did you graduate?		YES		NO		Degree	
REFERENCES											
<i>Please list three <b>professional</b> references.</i>											
Full Name						Relationship					
Company						Phone		( )			
Address											

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

**PREVIOUS EMPLOYMENT**

Company		Phone	( )
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
		\$	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES	NO	
Company		Phone	( )
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
		\$	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES	NO	
Company		Phone	( )
Address		Supervisor	
Job Title		Starting Salary	Ending Salary
		\$	\$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?	YES	NO	

**EMERGENCY CONTACT INFORMATION**

Full Name:			
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
Address:			
	<i>Street Address</i>		<i>Apartment / Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Primary Phone:		Alternate Phone:	

Relationship: \_\_\_\_\_

**AVAILABILITY**

Day of the week	Time
SUNDAY	_____ TO _____
MONDAY	_____ TO _____
TUESDAY	_____ TO _____
WEDNESDAY	_____ TO _____
THURSDAY	_____ TO _____
FRIDAY	_____ TO _____
SATURDAY	_____ TO _____

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	_____	Date	_____
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